

UNIVERSITY OF SOUTHERN QUEENSLAND

The Leadership Style of Nurse Leader Managers in United Arab Emirates (UAE) Hospitals that Facilitates Culturally Competent Care

A dissertation submitted

By

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Abstract

Culturally competent care (CCC) is needed in areas where diversity of population is present to ensure each patient receives adequate consideration of their health needs. A review of the literature indicates that a lack of CCC could have extremely serious repercussions on patients' health outcomes. The literature also provides evidence of the influence of leadership on improving work performance and staff satisfaction. The United Arab Emirates (UAE) has become such a linguistically and culturally diverse society that it has a strong need to be able to provide CCC. It is well recognised that the nurse leader manager (NLM) plays an important role in facilitating the quality and nature of care and overseeing work performance. With this in mind this study aimed to identify the kind of leadership style that was present in UAE hospitals and the style that nurse leader managers should implement in order to best facilitate culturally competent care.

This research study was carried out in ten UAE hospitals. A quantitative descriptive design was used to provide objectivity and to address the fact that at the time of the research little was known about leadership style and CCC in the UAE. There was also a need for the research to be sensitive to the UAE cultural situation in that the collection of data about hospital management, leadership and health outcomes was not the norm and was perceived as a potential threat. Thus the specific UAE cultural context had a major impact upon the research design and methodology. A cross-sectional survey was used with Likert scale type items and open-ended questions. These generated both descriptive statistics for quantitative data and quasi-statistical analysis for qualitative data. The hospitals were divided into two types: four private and six government. The total sample of participants, drawn from these hospitals, was 153. The participants were chosen from all the matrons/ nursing directors, deputy directors, supervisors, nurses-in-charge and in-service education staff.

The research findings showed that CCC was present in the hospitals, but it was at a lower level than what would be the ideal (having scored 6 as *almost always*). Evidence was found for the presence of components of *transformational* and *transactional* leadership styles. Leadership was found to have an important impact on the provision of CCC. Similarly, transformational leadership style attributes were identified by the participants as having an important impact on CCC. The results of this study contribute to the field of nurse leadership and culturally competent care and add support to research findings in other fields on the effects of leadership in providing better organisational outcomes (Alexander, 2002; Bass, 1990; de Ruiter & Saphiere, 2001; Dunham-Taylor, 2000; Liao & Chuang, 2007; Marrone, 1999; Nyberg, 1993; Shapiro, Miller, & White, 2006; Snow, 2001; and Stordeur, Vandenberghe & Dhoore, 2000). Furthermore, the finding that the leadership style has a more significant impact on CCC than does organisational culture with regard to CCC in a linguistically and culturally diverse community compares well with the findings of others (Sarros, Tanewski, Winter, Santora and Densten (2002).

At the same time, the this study's findings contradict the common perception that private hospitals are more customer focused than government hospitals (Jensen, Webster & Witt, 2007), yet they support findings such as Zhao, Bazzoli, Carretta and Chukmaitov (2004) that hospitals with better financial conditions have better health outcomes for patients, which is in keeping with the better resourced government hospitals in the UAE.

A further outcome of this study was the development of a professional programme and conceptual framework that represents the relationship between leadership styles, organisational culture and CCC. Included are three conceptual mind maps representative of NLM in private hospitals, government hospitals and the ideal NLM, thus suggesting solutions to both government and private hospital CCC needs. Finally, recommendations were made for policy makers and managers regarding the need for linguistic services and hospital staff professional programme of learning to enhance patient health outcomes.

CERTIFICATION OF DISSERTATION

I certify that the ideas, experimental work, results, analyses and conclusions reported in this dissertation are entirely my own effort, except where otherwise acknowledged. I also certify that the work is original and has not been previously submitted for any other award, except where otherwise acknowledged.

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Acronyms

CCC	Culturally Competent Care
CR	Contingent Reward
IA	Idealized Attribute
IB	Idealized Behaviour
IC	Individual Consideration
IM	Inspirational Motivation
IS	Intellectual Simulation
LF	Laissez-faire
LSS	Leadership Style
MBEA	Management-by- Exception: Active
MBEP	Management-by- Exception: Passive
NLM	Nurse Leader Manager
OC	Organisational Culture
UAE	United Arab Emirates

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